

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016004

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206 Primary Registration District No. 5745 Registrar's No. 42

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0620
2 0620
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4 0
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12 90-8
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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Madison</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Central Township</u> c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>13 Miles S.W. of Fredericktown</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> c. CITY OR TOWN <u>Central Township</u> d. STREET ADDRESS <u>13 Miles S.W. of Fredericktown</u>	
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>CLEM</u> Last <u>STEWART</u>		4. DATE OF DEATH Month <u>April</u> Day <u>27</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-19-1878</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Stoutsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Dye</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N</u>		17. INFORMANT <u>Maurice Stewart - Fredericktown, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for terminal and non-terminal causes) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PROBABLE MYOCARDITIS</u> DUE TO (b) <u>INVESTIGATED BY CORONER</u> DUE TO (c) <u>Ray Watson</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12:30</u> a.m. <u>A.</u> Month, Day, Year		20f. CITY, TOWN, OR LOCATION <u>Fredericktown, Missouri</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>12:30 A.</u> to <u>her</u> and last saw him alive on <u>the date stated above, and to the best of my knowledge, from the causes stated.</u>			
22a. SIGNATURE <u>Florence Ficker, Local Registrar</u>		22b. ADDRESS <u>Fredericktown, Missouri</u>	
22c. DATE SIGNED <u>4-27-62</u>		22d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-30-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
24. FUNERAL DIRECTOR <u>F. T. Adkinson</u>		25. DATE RECD. BY LOCAL REG. <u>4-28-1962</u>	
26. REGISTRAR'S SIGNATURE <u>Florence Ficker</u>		26. REGISTRAR'S SIGNATURE <u>Florence Ficker</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.